



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →						
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Parker		First Name Rebecca		Middle Name Lynne	Nickname Becky	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 10739 Indian Lake Blvd S Dr.				5. FAX (Optional)		6. E-mail Address (Optional) rebeccaparker2011@gmail.com
7. City Indianapolis		State IN	ZIP Code 46236	8. County Marion	9. Telephone (Day) (317) 402-9804	10. Telephone (Evening) (317) 402-9804
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Lawrence City Council At-Large		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Rebecca Parker for Lawrence Council						
14. Mailing Address <input type="checkbox"/> Check if this is a new address Same as above				15. FAX (Optional)		16. E-mail Address (Optional)
17. City		State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (MM-DD-YY)
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson						
22. Mailing Address <input type="checkbox"/> Check if this is a new address Same as above				23. FAX (Optional)		24. E-mail Address (Optional)
25. City		State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) None						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)						
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer Rebecca Parker		Signature of the Committee Chairperson Rebecca Parker
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer						
34. Mailing Address <input type="checkbox"/> Check if this is a new address Same as above				35. FAX (Optional)		36. E-mail Address (Optional)
37. City		State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)						
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment Rebecca Parker		
SECTION E. CERTIFICATION OF STATEMENT						
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.						
42. Typed or Printed Name of Chairperson Rebecca L. Parker		Signature of Chairperson Rebecca L. Parker		Date (MM-DD-YY) 2-4-15		
43. Typed or Printed Name of Candidate Rebecca L. Parker		Signature of Candidate Rebecca L. Parker		Date (MM-DD-YY) 2-14-15		
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).						

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FEB 06 2015

Myla A. Eldridge